

DUE DATE:

TRANSCRIPT ORDER

Read Instructions on Back:

| | | | | | |
|---|--|---|--------------------|---|----------------------|
| 1. NAME Kristine L. Gallardo | | 2. PHONE NUMBER 602.382.6236 | | 3. DATE November 13, 2018 | |
| 4. FIRM NAME Snell & Wilmer L.L.P. | | | | | |
| 5. MAILING ADDRESS 400 E. Van Buren, One Arizona Center | | | 6. CITY Phoenix | | 7. STATE AZ |
| | | | | | 8. ZIP CODE 85004 |
| 9. CASE NUMBER 2:15-md-02641-DGC | | 10. JUDGE David Campbell | | DATES OF PROCEEDINGS | |
| | | | | 11. September 6, 2018 | 12. |
| 13. CASE NAME In Re: Bard IVC Filters Product Liability Litigation | | | | LOCATION OF PROCEEDINGS | |
| | | | | 14. US District Court | 15. STATE Arizona |
| 16. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" type="checkbox"/> CIVIL | | <input type="checkbox"/> BANKRUPTCY | |
| | | | | <input type="checkbox"/> IN FORMA PAUPERIS | |
| | | | | <input type="checkbox"/> OTHER (Specify) | |

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

| PORTIONS | DATE(S) | PORTION(S) | DATE(S) |
|--|---------|--|-------------------|
| <input type="checkbox"/> VOIR DIRE | | <input type="checkbox"/> TESTIMONY (Specify | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | <input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | Final Pretrial Conference | September 6, 2018 |
| <input type="checkbox"/> OPINION OF COURT | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | |
| <input type="checkbox"/> BAIL HEARING | | | |

18. ORDER

| CATEGORY | ORIGINAL + 1 (original to Court, copy to ordering party) | FIRST COPY | # OF ADDITIONAL COPIES | DELIVERY INSTRUCTIONS (check all that apply) | ESTIMATED COSTS |
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| 14 DAYS | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7 DAYS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |

CERTIFICATION (19. & 20.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

E-MAIL ADDRESS

kgallardo@swlaw.com

19. SIGNATURE

s/Kristine L. Gallardo

20. DATE November 13, 2018

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| | | | | |
|--|------|----|----------------|--------------|
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| PARTY RECEIVED TRANSCRIPT | | | TOTAL DUE | 0.00 |

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